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<b>APPLICANTS</b> L. Cade Havard, Dallas, TX; <b>** CONTINUING DATA .....</b> <i>None</i> <b>** FOREIGN APPLICATIONS .....</b> <i>None</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 03/06/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Examiner's Signature</i> <i>Initials</i>		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 3
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22885					
<b>TITLE</b>					
Method of creating a virtual health care network					
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		